

Grandview Heights City School District

STUDENT REGISTRATION FORM

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School _____ Date of Registration _____ Date of Student's First Day _____

Student's Legal Name _____ Child is Called _____
Last First Middle Nickname

Address: _____ Phone : _____
(Indicate with "U" if unlisted)

City State Zip Birthplace City/St : _____

Grade: _____ Age: _____ Date of Birth: _____ Sex (M/F) _____ Social Security No.* _____

*Providing your child's Social Security Number on this form grants the school district permission to use the SSN as the student's ID number for record keeping purposes including the Ohio Education Management Information Systems.

Citizenship Status (check one): [] U.S.A. or [] Other: _____ Indicate Country _____ Date Entered U.S.A. _____

Have you been outside of the U.S.A. for a period of time longer than 90 days? _____ Primary Language if not English _____

Ethnic Code: [] Asian [] Black, non-Hispanic [] Hispanic
[] White, non-Hispanic [] American Indian or Alaskan Native [] Multi-Racial

FAMILY/GUARDIAN INFORMATION

Mother/Guardian (Maiden Name)

Father/Guardian

Name: _____
Place of _____
Employment: _____

Name: _____
Place of _____
Employment: _____

Work Phone No: _____

Work Phone No: _____

Home Address _____
if different than student's: _____
Street

Home Address _____
if different than student's: _____
Street

City State Zip

City State Zip

Home Phone if different than student's: _____

Home phone if different than student's : _____

Mother's email address: _____

Father's email address: _____

Child lives with: [] Both Parents; [] Mother only; [] Mother/Stepfather; [] Father only;
[] Father/Stepmother; [] Foster parents; [] Guardian; relationship if applicable
[] Shared parenting [] Other: _____

Note: In accordance with Section 3313.672 of the Ohio Revised Code, Grandview Heights City Schools will notify a law enforcement agency if educational records and birth certificate are not received within 14 days. Custody papers must be presented within 60 days.

Signature of Parent/Guardian _____ Date: _____

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Student's Name _____ Grade _____

Last school (or accredited preschool) attended: _____ Last grade: _____

Address: _____
Street City State Zip

Was student previously enrolled in Grandview Heights City Schools? Yes No

School Year(s) Attended Grade

Indicate student's kindergarten classroom experience: Half day program Full day program No Kindergarten

SPECIAL SERVICES (if applicable)

Please check if your child is currently receiving any of the following services:

- | | |
|--|---|
| <input type="checkbox"/> Special Education Tutoring | <input type="checkbox"/> Reading tutoring |
| <input type="checkbox"/> Special Education Classroom | <input type="checkbox"/> English Language Learner |
| <input type="checkbox"/> Tutoring other than Special Education | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Adapted Phys. Ed. |

ADMISSION REASON

1. Student transferred from Home School in Ohio
2. Student transferred from out of state/out of country.
3. Student transferred from a non-public school in Ohio.
4. Student enrolled for first time in Ohio public school/community school because of age. (Preschool/Kindergarten)
5. Not enrolled in an Ohio public district or community school since 2003 for a reason other than listed above.
6. Transferred from another Ohio public district/community school.
7. Not newly enrolled in this school district.

Is there anything we should know before First Aid can be administered?

Names and birth dates of brothers and sisters:

Revised 01/07